STATE FOOD AND VETERINARY SERVICE OF THE REPUBLIC OF LITHUANIA

FOOT AND MOUTH DISEASE CONTINGENCY PLAN FOR LITHUANIA

This document sets out the Contingency Plan for Foot and Mouth and Classical Swine Fever diseases as drawn up in 2000 for the country of Lithuania.

SECTION	SUBJECT
1.	Legal powers
2.	Financial provisions
3.	The chain of command
4.	The national disease coordination and control centre (NDCCC)
5.	Local disease control centres (LDCC)
6.	The expert group for FMD and CFS
7.	Resources
8.	Manuals of instruction
9.	Emergency vaccination
10.	Disease preparedness
11.	Epidemic scenarios
12.	Forms

SECTION 1

LEGAL POWERS

The Law on Veterinary Activities No I-2110 (of 17 December 1991), with amendments by the Law No VIII–1350 (of 7 October 1999) and by the Law No VIII-1793 (of 4 July 2000).

Order No. 4-283 On Approval of the Instruction for Prevention and Diagnosis of Foot and Mouth Disease adopted on 27 October 1999 by the State Veterinary Service.

Order No. 4-70a On Approval of the Control Measures for Classical Swine Fever adopted on 31 March 1998 by the State Veterinary Service.

Order No. 88 On the Procedure for the Targeted Funding of the Special Rural Support Programme, adopted on March 2001 by the Ministry of Agriculture.

SECTION 2

FINANCIAL PROVISIONS

Upon the outbreaks of FMD and CSF financial resources from the state budget shall be allocated to the State Food and Veterinary Service (SFVS) for the implementation of the following measures:

1.1. The cost of staff employed by the SFVS;

1.2. Small equipment and consumable items;

1.3. Slaughter, destruction of carcasses and contaminated material, sanitation;

1.4. Compensation payment;

1.5. Emergency vaccination;

1.6. Disease preparedness.

SECTION 3

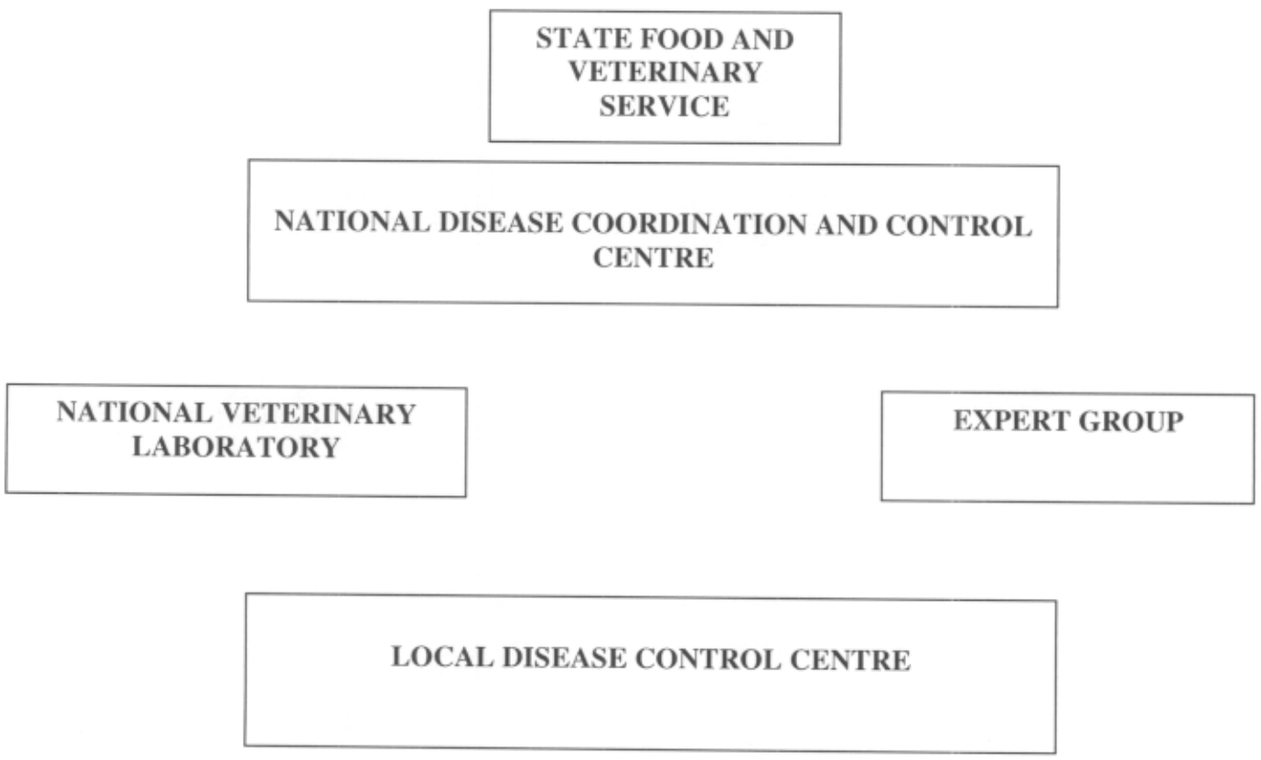
THE CHAIN OF COMAND

3.1. SFVS is responsible institution for the control of FMD and CSF.

3.2. SFVS has delegated contingency planning for FMD and CSF to the National Diseases Coordination and Control Centre (NDCCC)

In the event of an outbreak of disease the NDCCC will coordinate the national strategy under the overall direction of the SFVS.

The District Veterinary Officers at the Local State Food and Veterinary Services which act as Local Diseases Control Centre (LDCC) are responsible for FMD and CSF control (infected premises and restrictions in their territory).



SECTION 4

NATIONAL DISEASE COORDINATION AND CONTROL CENTRE

4.1. The Director of SSFVS with the support of the NDCCC is responsible for:

Direction of LDCC;
Liaison with National Veterinary Laboratory (NVL);
Arranging financial provisions for the Contingency Plan;
Arranging training programmes and nominating personnel for Community Training Programmes;
Arranging disease awareness campaigns;
Directing the national strategy in the event of an outbreak of disease;
Deployment of staff and other resources LDCC;
Determination of protection and surveillance zones Deciding on the closure of entry points if necessary;
Sanctioning the release of vaccine and determination of vaccination zones;
Negotiating emergency financial provisions to cover the cost associated with an Epidemic;
Liaison with agricultural trading bodies, the media and reports to O.I.E.;
Liaison with European Commission.

4.2. The NDCCC is equipped with the facilities of the Animal Health Department of the SFVS.

These equipment are the following:

Means of communication including telephones both static and mobile and fax.

Computers linked to the (LDCCC), the National Veterinary Laboratory, expert group and the other important centres.

A computerised or, failing that, a paper system for herd identification and animal location.
Printers for the computers
Photocopiers
Maps of 1:50,000 and 1:10,000 scale

Files containing other information, in addition to what is accessible through the computer network, that will be useful in directing control measures.

A list of national and international organisations, such as slaughterhouses, livestock markets, breeding associations, farming organisations and all centres, that would be affected by a disease outbreak and would have to be notified if FMD or CSF were confirmed.

An up date list of staff, within and outside service, who could be called on to give assistance in a disease emergency, with details of their training and experience in control List A diseases and their ability to communicate in more than one Community language.

The NDCCC is staffed by:
9 Veterinarians
4 Support Staff

In the event of a disease outbreak staff will be supplemented. The centre can be contacted 24 hours a day.

SECTION 5

LOCAL DISEASE CONTROL CENTRES (LDCC'S)

5.1. FMD and CSF preparedness and control at the local level is the responsibility of the District Veterinary Officer (DVO) who acts inter alia as the Local Disease Control Centre (LDCC). Each centre is in charge of a Senior Veterinarian who is responsible through the Director of SFVS. There are ten (10) LDCC's. The list of Centres and a map showing the area covered by each.

5.2. In the event of an outbreak the SFVS may decide to set up a temporary LDCC in the location of the disease outbreak.

5.3. The LDCC's are provided with similar equipment to the NDCCC (Section 4.2.) which will include at least the following:-

Means of communication including telephones, both static and mobile, and fax.
Computers linked to the SFVS network and capable of communicating by e-mail.

A computerised or, failing that, a paper system for herd identification and animal location including details of holdings with large numbers of stock or which for other reasons are considered to be at particular risk.

Printers for the computers. Photocopier.

Maps of 1:50,000 for the surveillance zone and 1:10,000 scale for the protection zone.

Files containing other information, in addition to what is accessible through the computer network, that will be useful in directing control measures.

An up-to-date list of organisations and persons in the area covered by the LDCC who would be affected by a disease outbreak and who will have to be notified if Foot and Mouth Disease or Classical Swine Fever is confirmed.

Mobile phones (1 - 2) for the field staff.

Additionally the LDCC's can be supplemented as necessary from the central store at the NDCCC. A list of the form and notices used by the centres is at Annex III.

5.5. Other authorities will also have responsibilities in the event of an outbreak.

The Police - assisting with the security of infected premises, and, movement restrictions/The veterinary authority is legally empowered to demand the aid of the police.

The Local Authority - joint responsibilities for maintaining the protection and surveillance zones.

5.6. Local State Food and Veterinary Service (LSFVS) Veterinary Stations which serve as LDCC are normally staffed by:

veterinarians
veterinary support staff
office support staff

The officer in charge is a veterinarian. In the event of a disease outbreak the head of the centre can call for other staff in liaison with veterinary headquarter. Staff are always on call to deal with disease emergencies.

5.7. The LDCC will provide support for the FMD and CSF expert group in carrying out their investigations and will liaise with the group to determine the Local Disease Control Strategy.

SECTION 6

THE EXPERT GROUP (E.G.) FOR FMD & CSF

6.1. An Expert Group has been established and, although its members have other duties, the E.G is permanently operational. The E.G has a permanent membership, which can be enlarged if the situation so demands in a time of crisis.

6.2. For further qualification two veterinarians from the E.G will be specialized on FMD & CSF epidemiology in the near future.

6.3. On their return to Lithuania the two veterinarians have to train other veterinarians on the same aspect. The intention is to have at least one veterinarian trained in epidemiology in each LSFVS.

6.4. As soon as a report of suspected F.M.D or CSF is made, the E.G will be immediately mobilized and will become involved by having access to preliminary reports from the field enquiry and may be by visiting the area.

6.5. The E.G members will contact training courses as directed by the NDCCC (See Section 10).

SECTION 7

RESOURCES

7.1. Personal Resources

The NDCCC maintains a list of staff who can be called on in the event of an outbreak of F.M.D or Classical Swine Fever (C.S.F). The number of staff, the number trained (or with experience of F.M.D and C.S.F control) another number able to operate in the field using another Community language.

It is estimated that the staff numbers are sufficient to provide personnel for all outbreaks and the associated Protection and Surveillance Zones, in a "worst case" scenario.

We estimate, that the number of staff in each LDCC can being expanded as the situation demands.

7.2. Diagnostic Laboratories

National Veterinary Laboratory (NVL),
Kairiūkščio 10, Vilnius

At present the Laboratory is capable to carry out serological tests for antigen and antibody detections, for FMD and CSF

SFVS will nominated and signed contracts with reference Laboratories in Member States for carrying out FMD and CSF Virus manipulation diagnostics.

7.3. Equipment and Facilities

List of equipment held in stock for the contingency plans is shown in the manual of instructions.

List of equipment and facilities which are available at very short notice through standing agreements and contracts is shown in the manual of instructions.

SECTION 8

MANUALS OF INSTRUCTION

1. Staff Manual of Instructions for Foot Mouth Disease

2. Staff Manual of Instruction for Classical Swine Fever.

SECTION 9

EMERGENCY VACCINATION

No bank of concentrated FMD or CSF antigen is held.

Efforts will be made Lithuania to be connected with the European Union Vaccines Bank.

SECTION 10

DISEASE PREPAREDNESS

10.1. Training Programmes

Two Veterinarians have to be nominated to attend Community based F.M.D and C.S.F training courses when these are established.

Training for all other members of staff are as follows:

All veterinarians joining the Veterinary Services are given instruction in F.M.D and C.S.F diagnosis and control. The details are given in Annex VI.

All veterinarians in the service undergo a refresher training programme as detailed at Annex VI.

Training for lay personnel who will participate in field aspects on F.M.D and C.S.F control and for office personnel who will staff LDCC is undertaken at local level. (Details Annex VI).

The NDCCC and the Local Disease Control Centres staff undergo regular refresher training via a simulated F.M.D and C.S.F outbreak exercise.

10.2. Publicity and Disease Awareness

Lectures / demonstration are held at the Food and Veterinary Continuing and Training Centre of Kaunas of SFVS.

The necessary contacts are available to increase the awareness of the farming community and other organisations as necessary.

Articles in the farming press (veterinary news magazines, farmer's agriculture magazines, radio and television relative programmes, daily press).

SECTION 11

EPIDEMIC SCENARIOS

For the purposes of this contingency plan epidemic scenarios ranging from the simplest to the most complex have been created. Assessment of the financial, physical and human resources to operate a FMD and CSF control and eradication campaign has been considered.

Simulated exercises shall be organized according to the above scenarios.

SECTION 12

FORMS

Forms and other documents specifically for use in dealing with FMD and CSF have been prepared. In each case the relevant parts of the legislation are quoted and the conditions applying to notices or authorisations are listed in Annex III.

FOOT AND MOUTH DISEASE

CONTINGENCY PLAN FOR LITHUANIA

STAFF MANUAL OF INSTRUCTIONS

OPERATION MANUAL

CONTENTS

1. LEGAL POWERS

Primary Legislation

The Law on Veterinary Activities No I-2110 (of 17 December 1991), with amendments by the Law No VIII–1350 (of 7 October 1999) and by the Law No VIII-1793 (of 4 July 2000). (Appendix VI)

Secondary Legislation

Order No. 4-283 On Approval of the Instruction for Prevention and Diagnosis of Foot and Mouth Disease adopted on 27 October 1999 by the State Veterinary Service. (Equivalent to Directive 85/511/EEC) (Appendix VII)

2. THE CHAIN OF COMMAND

SFVS are responsible for the control of Foot and Mouth Disease (FMD).

The SFVS has delegated contingency planning for FMD to the officer in charge of the National Disease Coordination and Control Centre (NDCCC) (name and address of the centre at Annex 1-Contingency plan).

In the event of an outbreak of disease the NDCCC will co-ordinate the national strategy under the overall direction of the SFVS.

The District Veterinary Officers at the Local State Food and Veterinary Service (LSFVS) which act as Local Disease Control Centre (LDCC) are responsible for FMD control (infected premises and restrictions in their territory

Names, locations and 24 hours contact telephone numbers, are listed in Appendix V.

3. PRELIMINARY ACTION

3.1 Reporting disease

The presence or suspected presence of foot and mouth disease must, by law, be reported without delay to the official veterinary service.

3.2 Arranging the investigation

On receiving a report of the presence or suspected presence of FMD, on a livestock holding or in any other place, the local official veterinary centre in whose area the holding is located must immediately ensure that an investigation is set in motion to confirm or rule out the presence of the disease and to place the suspect holding under surveillance. At the time the investigation is initiated the NDCC must be informed so that preparations may be made for dealing with an outbreak if disease is confirmed, including the establishment of a NDCC and the activation of the Expert Group. The Official Veterinarian carrying out the investigation must take with him/her the equipment listed in Appendix 1 of this manual.

In the case of a holding on which there is a large number of animals, more than one Official Veterinarian and the assistance of lay technical staff may be necessary to carry out the investigation.

4. THE VETERINARY INVESTIGATION

4.1 Imposition of movement restrictions

Immediately on arrival at the holding under suspicion the Official Veterinarian must serve a notice on the owner or on the owner's representative imposing the following restrictions:

all animals of susceptible species on the holding must be restricted to their living quarters or be confined in some other place where they can be isolated;

no animals of susceptible species may enter or leave the holding;

no animals of other species may enter or leave the holding without the authorisation of the official veterinary service;

no meat or carcasses of animals of susceptible species may leave the holding without the authorisation of the official veterinary service;

no animal feed, equipment, articles, materials or waste capable of transmitting the virus of foot and mouth disease may leave the holding without the authorisation of the official veterinary service;

the movement of milk from the holding is prohibited; but arrangements may be made, if there are difficulties in storage on the holding, for milk to be removed under official supervision to an approved establishment for heat treatment such as to ensure the destruction of the virus of foot and mouth disease;

persons may enter or leave the holding only if authorised to do so by the official veterinary service;

vehicles may enter or leave the holding only if authorised to do so by the official veterinary service and in accordance with such conditions as are laid down to avoid the spread of foot and mouth disease;

appropriate means of disinfection, using a disinfectant officially approved as effective against the virus of foot and mouth disease, are used at the

entrances and exits of buildings housing susceptible animals and of the holding itself. The notice imposing these restrictions is a legal document and it is, therefore, important that, like other official legal forms, it is completed accurately in all respects by the Official Veterinarian carrying out the enquiry.

A prominent notice, (FOOT AND MOUTH - keep out) indicating that the holding is under suspicion of foot and mouth disease, will be placed at each entrance to the holding.

If it is considered necessary for the prevention of the further spread of disease, the ban on leaving the holding should be extended to cover non-susceptible animals.

The owner must be instructed that, although the Official Veterinarian will make an official inventory of the stock for epidemiological purposes (sub-section 4.4), all the susceptible animals in the various categories on the holding must be counted and a list compiled of the number of animals already dead or likely to be infected in each category. The list must be updated to take account of births and deaths during the period of suspicion. The information on the list must be produced on request and may be checked at each surveillance visit.

The emergency controls may involve only the holding on which there is a suspicion of foot and mouth disease or, if considered necessary by the NDCCC, may extend to other units whose proximity to or contact with the holding on which disease is suspected would render them at particular risk if the disease were confirmed to be present.

The restrictions referred to above will remain in place until the suspicion of foot and mouth disease has been officially ruled out.

Should it be considered prudent, the police will be requested to attend to enforce the restrictions.

4.2 The initial epidemiological enquiry

An epidemiological enquiry will be carried out with the objective of determining:

the length of time foot and mouth disease may have been present on the holding before suspicion of the disease was reported;

the possible origin of the disease on the holding and the identification of other holdings on which there are susceptible animals which may have become infected from the same source;

the movement of susceptible animals, carcasses, milk, meat, vehicles, equipment, materials or persons likely to have transported the virus to or from other holdings on which there are animals susceptible to foot and mouth disease.

4.3 Extension of movement restrictions

If the Official Veterinarian has evidence that foot and mouth disease could have been introduced from other holdings to the holding under suspicion or that the disease could by any means have been carried from the latter holding to other holdings, those other holdings must be placed under official restriction and surveillance in accordance with sub-section 4.1 until the presence of foot and mouth disease on the holding originally under suspicion has been officially ruled out.

Movement of susceptible animals out of a holding placed under such official restriction and surveillance will be permitted only for emergency slaughter under official supervision during a 15-day period, following a clinical examination by an Official Veterinarian to confirm that the susceptible animals on the holding are free from evidence of foot and mouth disease.

4.4 Clinical inspection

Before the clinical inspection of the herd starts the Official Veterinarian will put on full protective clothing and will carry out thorough personal disinfection.

In carrying out the investigation the Official Veterinarian must make an inventory of the different categories of susceptible animals on the holding - bulls, milking cows, other cows, immature cattle, calves, sheep; goats; boars, sows, gilts, finishing pigs, weaned pigs and growers, and unweaned piglets.

A sketch plan should be made of the housing on the holding with an indication of the numbers of susceptible animals in each category in each of the houses.

A careful inspection should be made of all the susceptible animals on the holding and a record made of any lesions suggestive of foot and mouth disease and any other signs of illness, including pyrexia, and of the identity and location on the holding of the animals showing such abnormalities.

In examining the feet of animals or any of the other areas in which vesicular lesions may be found it may be necessary to clean the areas in question to facilitate the examination. In carrying out such cleaning no substances, such as soap, detergent or disinfectant should be used, which might damage any virus present in samples collected for diagnosis. Such cleaning as is necessary should be done with clean, warm water and a soft cloth or sponge.

It is preferable to start the inspection of the herd in the parts of the holding in which the animals are considered by the owner or the owner's representative to be healthy, leaving the suspected animals until last. In a large herd, particularly if assistance is limited, that may not be possible and it may be necessary to inspect the suspected animals first.

Animals at grazing should, if at all possible, be examined in the fields in which they are kept if moving them would put other livestock at risk.

It may be necessary to use tranquillising drugs on animals that are difficult to handle to facilitate the clinical examination and the collection of diagnostic samples. For animals that cannot be restrained for injection, it will be necessary to administer the tranquillising drug by a dart gun.

It may also be necessary to euthanise fractious animals for collection of diagnostic samples.

Suitable tranquillising and euthanising drugs are:

Xylazine in 2 per cent solution for cattle by intra-muscular injection at 0.5 ml. per 100 kg. for moderate sedation or 1.0 ml. per 100 kg. for heavy sedation; Azaperone in 4 per cent solution for pigs by intra-muscular injection at 1-2 ml. per 20 kg. for moderate sedation or 2-4 ml. per 20 kg. for heavy sedation.

Clinical features of foot and mouth disease, which should be looked for, are:

In cattle
dysgalactia/agalactia; pyrexia (40 -41°C); inappetance;
stomatitis, with profuse salivation;
vesicles containing straw-coloured liquid on the buccal mucosa, dental pad and tongue;
lameness, with foot vesicles, particularly in the interdigital space and on the coronary band; vesicles on the udder and teats; abortion.

In pigs pyrexia; inappetance;
vesicles on the buccal mucosa, tongue, snout and feet; reluctance to stand and lameness; high mortality in young piglets.

In sheep and goats
the disease is often mild and can be difficult to diagnose on the basis of clinical signs alone;
vesicles may be found in the mouth, but more commonly on the feet causing lameness.

4.5 Post mortem examination

The characteristic lesions of foot and mouth disease are easily seen without opening the carcass. Animals which have died or which have been killed for diagnostic reasons should, therefore, be subjected to a thorough external examination but the carcasses need not be opened.

4.6 Collection of samples

4.6.1 The samples, which may be used for the diagnosis of foot and mouth disease, are:

epithelium from vesicles;
vesicular fluid;
oesophago-pharyngeal fluid;
blood;
milk;
semen.

4.6.2 Epithelium (for virus isolation)

Samples of epithelium, as large as possible, and not less than 1 gm. in weight or 2 cm. square in size, should be taken from recently ruptured or unruptured vesicles on the tongue, palate, snout, feet or udder. Extreme care must be taken, by thoroughly rinsing the instruments used, such as scissors and forceps, and hands or gloves in clean water to ensure that all disinfectant, which might damage any antigenic material present in the samples, is removed.

The epithelium should be transported to the NVL in a mixture of equal parts of glycerine and phosphate buffer at pH 7.2 - 7.6, ideally 7.4. This transport medium, which should also have added antibiotics, will be supplied by the NVL.

4.6.3 Vesicular fluid (for virus isolation)

Vesicular fluid, if available, should be collected by aspiration with a sterile, disposable syringe and needle and put into transport medium of the same type as for epithelium.

4.6.4 Milk (for virus isolation)

Milk from affected, and still lactating, cows, ewes, or goats may be collected directly into the sample bottles and transport medium then added.

4.6.5 Oesophago-pharyngeal fluid (for virus isolation)

Samples of oesophago-pharyngeal fluid may be collected from adult cattle, calves, sheep, goats or, exceptionally, from pigs, by using a probang of the appropriate size. Samples of oesophago-pharyngeal fluid should be collected only on the specific instructions of the NDCCC or of the Expert Group.

The technique of using the probang to collect oesophago-pharyngeal fluid is as follows:
The animal to be sampled is restrained and its mouth is held open.
The probang cup is passed over the root of the tongue towards the oesophagus.
The cup is moved further back until it can be palpated in the pharynx dorsal and just cranial to the larynx.
The probang is moved back and forward to collect cellular material from the oesophago-pharyngeal mucosa and is then withdrawn.

The sample is then poured into a clean glass container to check its quality. Cellular material should be present and it should be free from heavy contamination with ruminal contents. Heavily contaminated samples should be discarded and the animal resampled after flushing the oral cavity with clean water or normal saline.

A good sample should contain at least 2 ml. of fluid, but in the case of sheep it is likely to be less than that and, because of its mucoid nature, difficult to remove from the probang cup unless by flushing out in transport medium. The same transport medium is used for oesophago-pharyngeal fluid as for other material for virus isolation.

4.6.6 Unclotted blood (for virus isolation)

Samples of unclotted blood can be collected in EDTA or heparin vacuum tubes. Unclotted blood will be collected only on the specific instructions of the NDCCC or of the Expert Group.

4.6.7 Whole blood (for detection of antibodies)

If required by the NDCCC or the Expert Group whole blood will be collected in standard vacuum tubes.

4.6.8 Dispatch of samples

Each of the samples, with transport medium, should be placed in a strong glass container, sealed by a metal screw cap with a rubber washer to prevent leakage. As a further precaution against leakage waterproof tape should be wrapped around the cap. To remove any contamination with virus from the exterior of the container it should be wiped with a small amount of disinfectant (0.2 per cent citric acid is suitable) and washed in clean water. The container should then be labelled to indicate the nature of the sample, the date and place of collection, and the species, category and identity of the animal from which the sample was taken. The glass container should then be wrapped in soft, absorbent material and placed in a metal container to minimise the risk of breakage and the escape of the potentially dangerous contents. The metal container should be sealed, preferably with a screw cap and rubber washer, so that no fluid can escape from it. The metal container should also be labelled.

Following careful packing the tissue, blood and other samples should be transported; preferably by courier, but in any event by the quickest available means, to the NVL. The laboratory should be informed that samples for diagnosis are being dispatched and given an indication of the expected time of their arrival so that preparations for their reception and testing can be made. During transit they should be kept cool, but not frozen. At the laboratory the samples may be held at 4° C, but should be tested without delay for foot and mouth disease and, if pigs are involved, for swine vesicular disease, bearing in mind that vesicular lesions in pigs may be caused by either virus and that it is not unknown for herds to be infected simultaneously with both viruses. (Refer also to Appendix 4.)

It is important that the submission which accompanies the samples to the laboratory includes an account of the recent clinical history of the herd and whatever epidemiological data are available, including, if possible, the likely source of the infection and the date of introduction.

Always from index cases, and additionally from such outbreaks as the Expert Group consider appropriate, samples will be sent to the World and Community Reference Laboratory for foot and mouth disease at the Institute for Animal Health, Pirbright, England for typing and genetic fingerprinting of the virus involved. The results of such tests provide valuable information on the relationship between outbreaks which may occur within and outside the European Community and on the vaccine strain that would be most appropriate should it subsequently be necessary to consider the option of emergency vaccination as a control strategy.
If samples are to be sent to the Institute for Animal Health, Pirbright the packaging must be in accordance with the protocols for biological material stipulated by the Universal Postal Convention and with the specific requirements of the carrier airline. The samples should be packaged as described above for delivery to the NVL, wrapped in soft, absorbent material and placed in a strong cardboard or wooden container. (The samples are accompanied by form). The outer container should then be wrapped in strong paper secured by string or adhesive tape (biohazard tape is useful for this purpose) and labelled:

PATHOLOGICAL MATERIAL OF NO COMMERCIAL VALUE

WORLD REFERENCE LABORATORY FOR FMD
INSTITUTE FOR ANIMAL HEALTH

PIRBRIGHT LABORATORY
ASH ROAD
PIRBRIGHT
WOKING
SURREY GU24 ONF
GREAT BRITAIN

PERISHABLE FRAGILE TO BE COLLECTED AT AIRPORT BY ADDRESSEE

KEEP AT 4° CENTIGRADE

If oesophago-pharyngeal (probang) or semen samples are to be sent to the Institute for Animal Health in Pirbright the sample containers (glass containers within metal containers as above) should be packed without delay in dry ice in an insulated box capable of allowing the escape of gas so that they will be quickly frozen and can be maintained at not more than -70°centigrade throughout transit. The box should be wrapped, sealed, and labelled as described above for other samples, omitting the reference to 4° centigrade.

4.7 Report to the Control Centre

Having completed the preliminary enquiry, collected the necessary diagnostic samples and arranged for the samples to be dispatched to the National Reference Laboratory, the Official Veterinarian, before leaving the suspected premises, should complete the Preliminary Report and either fax it or make a telephone report to the National Disease Control Centre. In any event the Official Veterinarian should make telephone contact with the Centre so that he/she can be given instructions regarding any additional action which might be required before he/she leaves the holding

4.8 Action pending laboratory results

The restrictions imposed in accordance with sub-section 4.1 will remain in force until the suspicion of foot and mouth disease has been officially ruled out.

The owner or the owner's representative should be informed that it may be several days before a result of the tests will be available, but that in the meantime the private veterinarian may visit the holding to treat any sick animals provided that strict disinfection procedures are carried out.

The Official Veterinarian should ensure, before leaving the holding, that the owner or the owner's representative fully understands the restrictions which have been imposed on movements and the disinfection procedures for authorised persons to enter or leave the holding.

Arrangements should be made for the safe disposal of the carcasses of animals, which have died or have been killed for diagnostic purposes. This must be done under official supervision and in a manner, which avoids any risk of spread of the foot and mouth disease virus.

Further surveillance visits to the holding under suspicion should be arranged in consultation with the NDCCC.

4.9 Negative diagnosis

In some cases it will be possible for the Official Veterinarian, on the basis of the clinical and post mortem findings, to advise the NDCC that there is no evidence of the presence of foot and mouth disease on the holding. If the NDCCC is satisfied with such a negative report the restrictions imposed can be withdrawn immediately.